



The Child

The National Survey of Children's Health took several approaches to monitoring the health and well-being of children. This section presents information on children's health status, their health care, and their activities in and outside of school. Taken together, these measures present a snapshot of children's health and well-being that reflects a wide range of aspects of their lives.

Children's health status was measured through parents' reports of their children's overall health status as well as whether they were affected by specific conditions, such as asthma. In addition, parents were asked about their concerns about their children's development and behavior, and about the impact of their children's health conditions on the child and the family as a whole.

Children's access to health care and parents' satisfaction with the health care their children receive were measured through questions about children's health insurance coverage, their use of preventive medical and dental services, their access to needed mental health services, and the communication skills and cultural sensitivity of their children's health care providers. Several survey questions were also combined to assess whether children had a "medical home," a source of primary care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Children's participation in activities in school and in the community represents another important aspect of their well-being. The survey addressed whether young children went to preschool or kindergarten, and whether school-aged children had ever repeated a grade. In addition, parents were asked about their children's participation in activities such as reading for pleasure, volunteering, working for pay, and other activities outside of school.



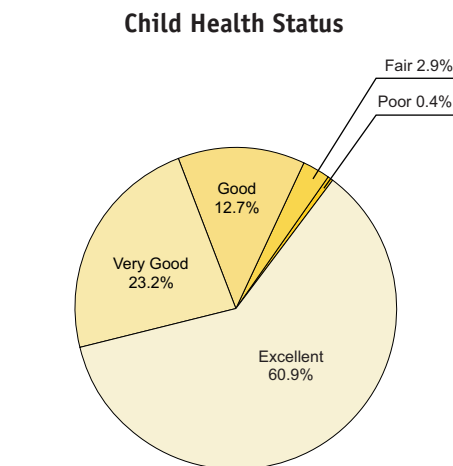
Child Health Status

The general state of a child's health as perceived by their parents is a useful measure of the child's overall health and ability to function. Parents were asked to rate their child's health status as excellent, very good, good, fair, or poor.

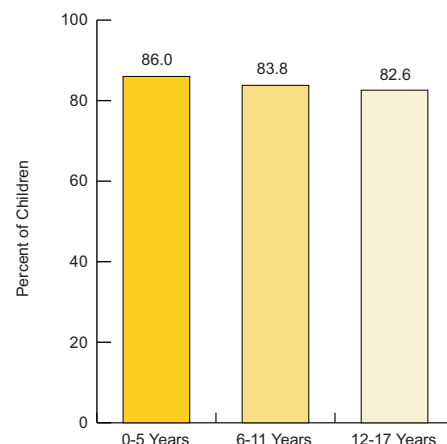
Overall, the parents of 84.1 percent of children reported that their children's health was excellent or very good. This proportion does not vary substantially by the sex of the child; the parents of 83.5 percent of boys rated their children's health as excellent or very good, as did the parents of 84.7 percent of girls.

Younger children are more likely to be reported to be in excellent or very good health than are school-aged children or adolescents. Of children aged 5 and under, 86 percent were reported to be in excellent or very good health, compared to 83.8 percent of children aged 6-11 and 82.6 percent of children aged 12-17.

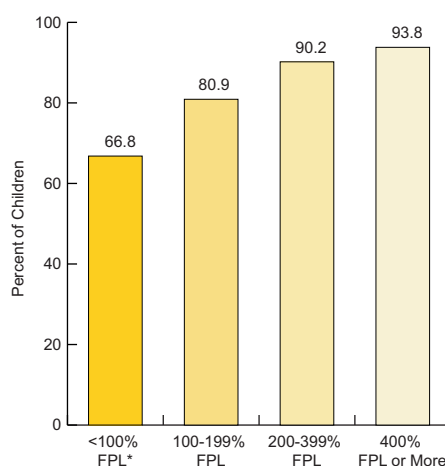
Children in low-income families are also much more likely to have poorer reported health status than children with higher levels of income. Two-thirds of children with family incomes below the Federal poverty level (\$18,400 for a family of four in 2003) were reported to be in excellent or very good health, compared to 80.9 percent of children with family incomes between 100 and 199 percent of the Federal poverty level. Of children with family incomes between 200 and



Percent of Children in Excellent or Very Good Health, by Age

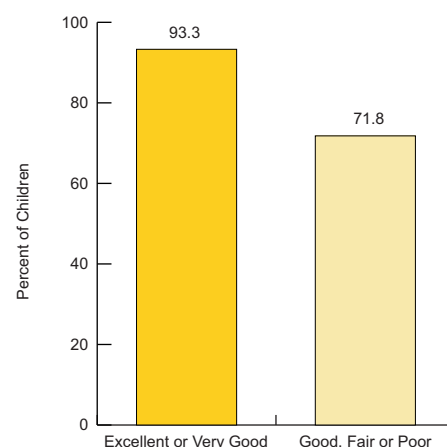


Percent of Children in Excellent or Very Good Health, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

Percent of Children in Excellent or Very Good Health, by Maternal Health



300 percent of the Federal poverty level (FPL), 90.2 percent are in excellent or very good health, as are 93.8 percent of children with family incomes of 400 percent of FPL or more.

A child whose mother is herself in good health appears to be more likely to be reported to be in excellent or very good health. Of children whose

mothers were reported to be in excellent or very good mental, emotional, and physical health, 93.3 percent were themselves reported to be in excellent or very good health; of the children of mothers whose health was good, fair, or poor, 71.8 percent were themselves in excellent or very good health.



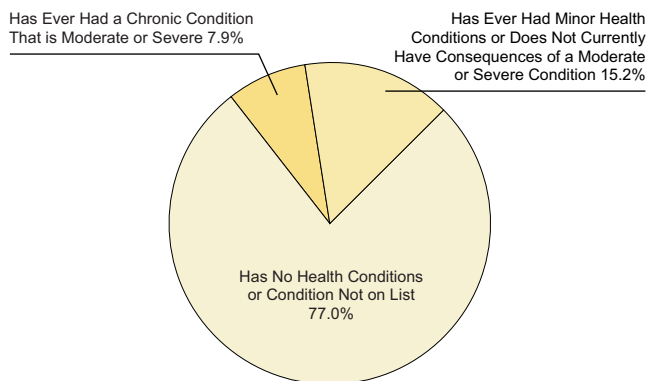
Moderate or Severe Health Problems

Children may have chronic physical or mental health problems, such as asthma or emotional or behavioral problems, which may have an impact on the child. Overall, the parents of 7.9 percent of children reported that their child has, or has had at least one of a list of chronic health conditions* and that this condition is moderate or severe.

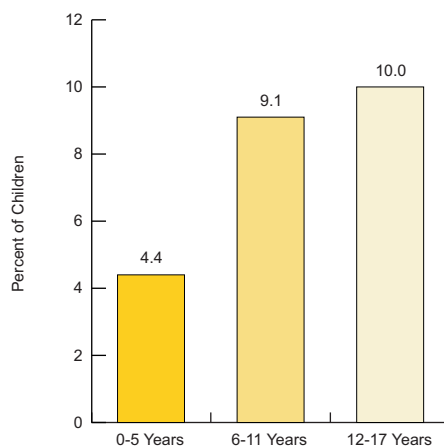
This percentage rises with age. Of children aged 0-5, 4.4 percent are reported to have ever had a chronic condition that is moderate or severe, compared to 9.1 percent of children aged 6-11 and 10.0 percent of children aged 12-17.

Children in lower-income families are more likely to be reported to have ever had moderate or severe chronic conditions than are children in higher-income families. Of children with family incomes below the poverty level, 11.4 percent are reported to have had moderate or severe conditions, as do 9.4 percent of children with family incomes between 100 and 199 percent of FPL, 7.3 percent of children with family incomes between 200 and 399 percent of FPL, and 5.7 percent of children with family incomes of 400 percent of FPL or more.

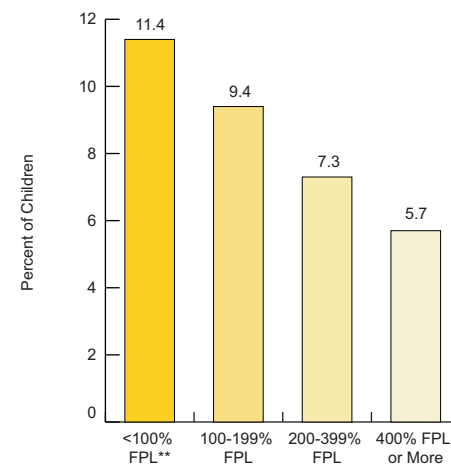
Children with Moderate or Severe Health Conditions*



Percent of Children with Moderate or Severe Health Conditions, by Age



Percent of Children with Moderate or Severe Health Conditions, by Family Income



*Including asthma; hearing or vision problems not correctable with glasses; Attention Deficit/Hyperactivity Disorder (ADHD); depression or anxiety; behavioral or conduct problems; bone, joint, or muscle problems; diabetes; autism; a developmental delay or physical impairment; severe respiratory, food, or skin allergies; frequent or severe headaches; or speech problems.

**Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

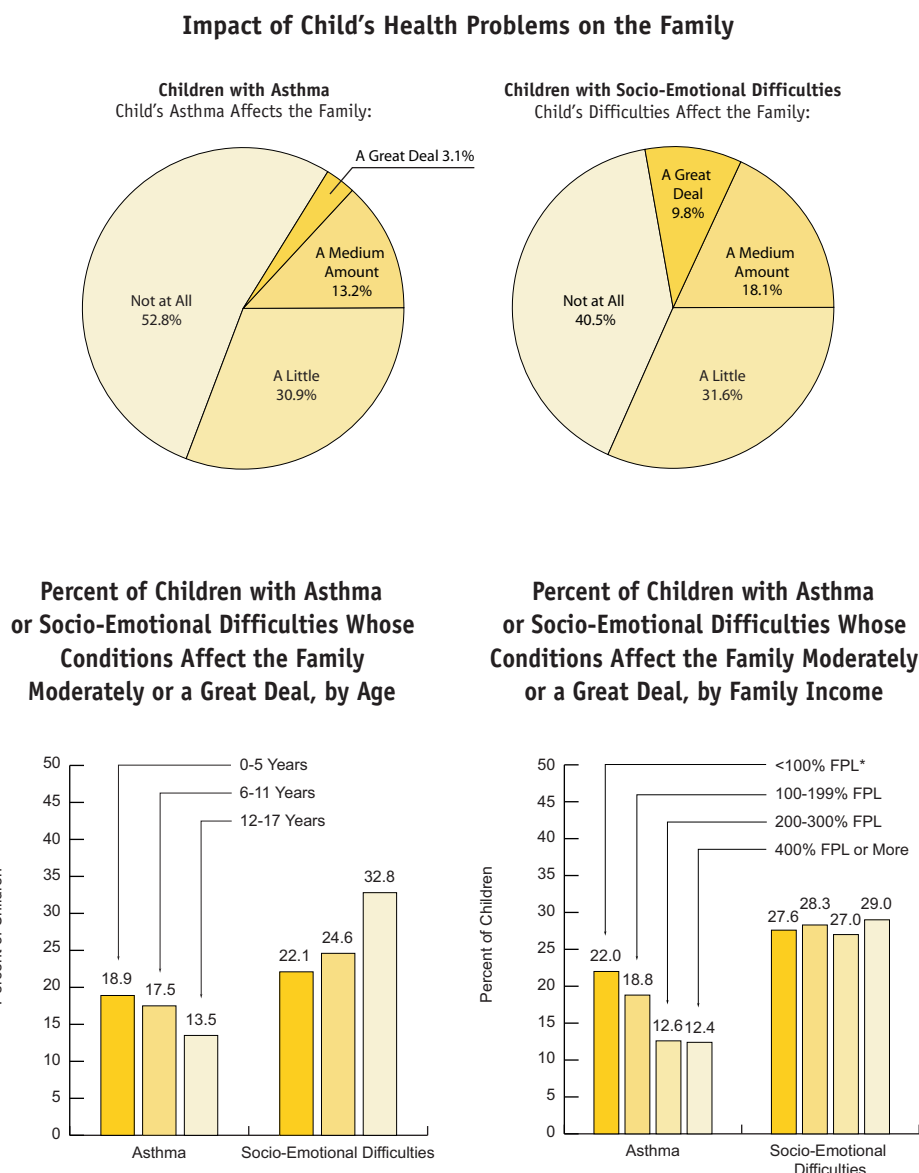




Impact of Child's Health Problems on the Family

Children's physical and mental health conditions can affect the family as a whole as well, due to the time and expense that can be required to assure that the child receives the care that he or she needs. Parents of children with asthma or socio-emotional difficulties were asked about the degree of "burden" their child's condition puts on the family: a great deal, a medium amount, a little, or not at all. Overall, the families of 16.3 percent of children with asthma are affected a great deal or a medium amount by the child's condition. The families of 28 percent of children who experience socio-emotional difficulties report that they are moderately or greatly affected by these difficulties.

While families' reports of the impact of asthma declines as children grow older, the reverse is the case for emotional or behavioral difficulties. Among children with asthma, 18.9 percent of those aged 0-5 years, 17.5 percent of those in the 6- to 11-year-old age group, and 13.5 percent of adolescents aged 12-17 have families who are greatly or moderately affected. In contrast, of children with socio-emotional problems, the families of 22.1 percent of children aged 0-5, 24.6 percent of those aged 6-11, and 32.8 percent of adolescents reported a moderate or great deal of impact.



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

Likewise, while the impact of children's asthma on families appears to be related to family income, the impact of socio-emotional difficulties is not. Of children with asthma, the families of 22.0 percent of those with family incomes below poverty reported that the condition affected them moderately or a great deal, compared to 18.8 percent of children with

family incomes between 100 and 199 percent of poverty, 12.6 percent of children with family incomes between 200 and 399 percent of FPL, and 12.4 percent of children in higher-income families. Of children with socio-emotional difficulties, the families of approximately 27 to 29 percent of children reported this level of impact regardless of income.



Impact of Asthma on Children

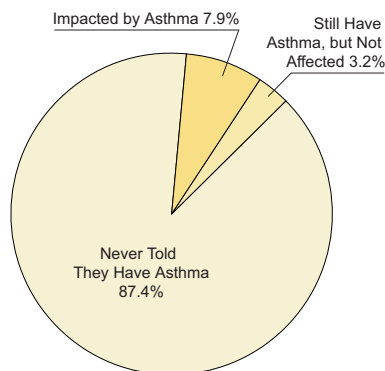
Asthma, a chronic inflammatory disorder of the airways, is one of the most common chronic diseases in children. It can cause wheezing, breathlessness, chest tightness, and coughing, particularly at night or after exercise. More severe asthma attacks can result in breathlessness, agitation, and respiratory failure.

The survey asked parents whether they have been told that their child had (and still has) asthma, used medication for asthma in the past year, had moderate or severe difficulties and/or an asthma attack in the past year, or had been hospitalized for asthma in the past year. Overall, 7.9 percent of children are affected by asthma in at least one of these ways. Boys are more likely to have these effects than girls: 9.1 percent of boys have at least one of these effects, compared to 6.6 percent of girls.

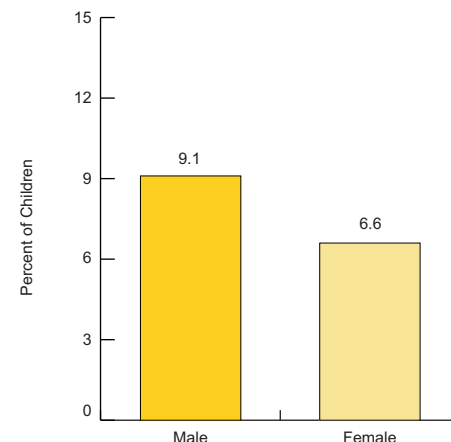
The proportion of children affected by asthma during the past year varies by race and ethnicity as well. Of White children, the parents of 7.2 percent reported at least one of the effects of asthma listed above, as did the parents of 6.4 percent of Hispanic children and 12.4 percent of parents of Black children. Of children of other races, 7.3 percent are affected by asthma, as are 11.2 percent of multiracial children.

The severity of asthma's effects also declines as family income rises.

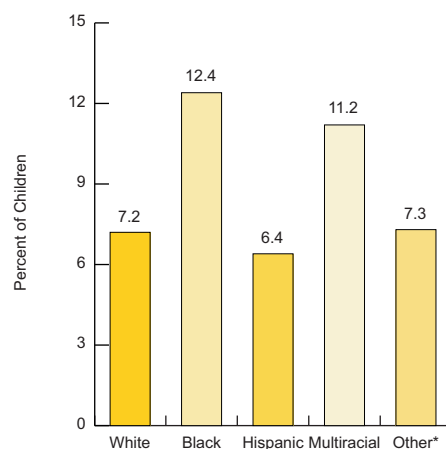
Percent of Children Affected by Asthma



Percent of Children Affected by Asthma, by Sex

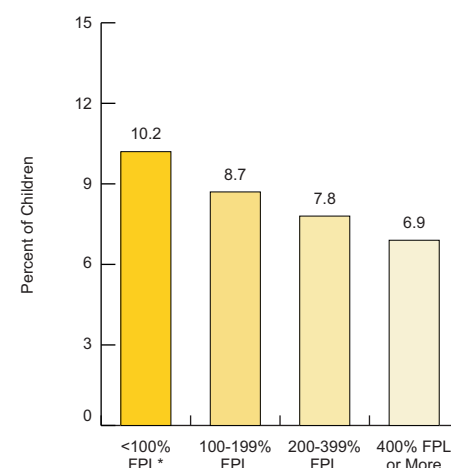


Percent of Children Affected by Asthma, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

Percent of Children Affected by Asthma, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

Of children with family incomes below the poverty level, 10.2 percent are affected by asthma, compared to 8.7 percent of children with family incomes between 100 and 199 percent of poverty, 7.8 percent of children with family incomes between 200 and 399 percent of FPL, and 6.9 percent of children with family incomes of 400 percent of FPL or more.



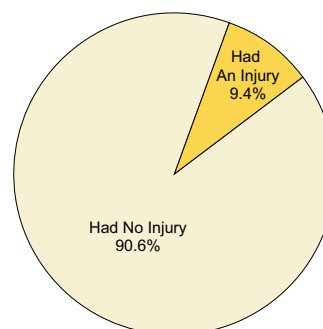
Injury and Poisoning

Unintentional injury, including motor vehicle crashes, falls, and cuts, is a major risk to children's health and the leading cause of death for children over age 1. Parents of children aged 5 and under were asked if their child had required medical attention for an accidental injury or poisoning over the past year. While fewer than 1 percent (0.6 percent) of children had been poisoned, 9.4 percent had had an injury that required medical attention.

Boys may be more likely to experience serious injury than girls: 10.5 percent of boys aged 0-5 had an injury requiring medical attention, compared to 8.2 percent of girls in this age group. A similar disparity is evident in the reported rates of poisoning. Of boys aged 0-5, 0.7 percent were reported to have had a poisoning that required medical attention in the past year, as did 0.5 percent of girls aged 0-5.

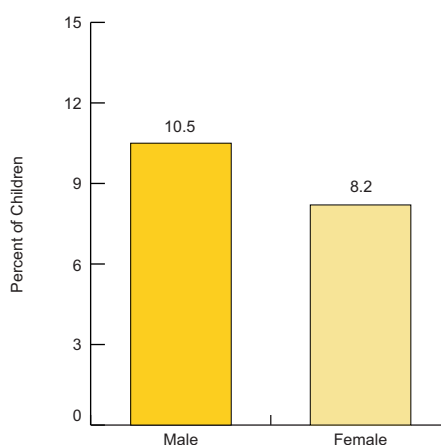
Children with special health care needs (CSHCN) may be especially likely to need medical care for their injuries. Of CSHCN aged 0-5, 14.5 percent had an injury requiring medical attention, compared to 8.8 percent of children without special health care needs. Similarly, almost twice as many CSHCN in this age group (1.1 percent) were reported to have experienced an accidental poisoning than children without special health care needs (0.5 percent) of the same age.

Percent of Children Aged 0-5 Years with Injuries* in the Past Year

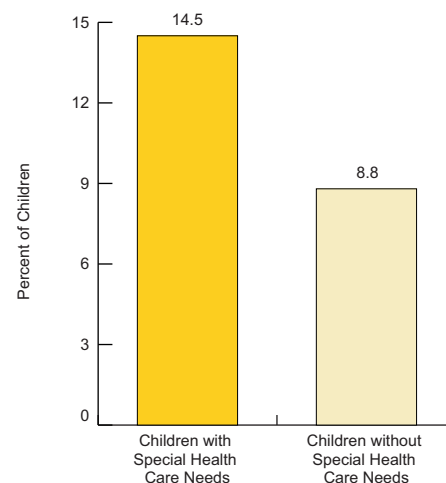


**Requiring medical attention, not including poisoning.*

Percent of Children Aged 0-5 Years with Injuries in the Past Year, by Sex



Percent of Children Aged 0-5 Years with Injuries in the Past Year, by CSHCN Status





Breastfeeding

Breast milk is widely recognized to be the ideal form of nutrition for infants. Breastfed infants are less susceptible to infectious diseases and are less likely to suffer from diabetes; overweight and obesity; lymphoma, leukemia, and Hodgkin's disease, and asthma compared to children who were not breastfed. In addition, rates of postneonatal mortality (death between the first month and the end of the first year of life) are lower among breastfed infants.² Therefore, the American Academy of Pediatrics recommends that, with few exceptions, all infants be fed with breast milk exclusively for the first 6 months of life.

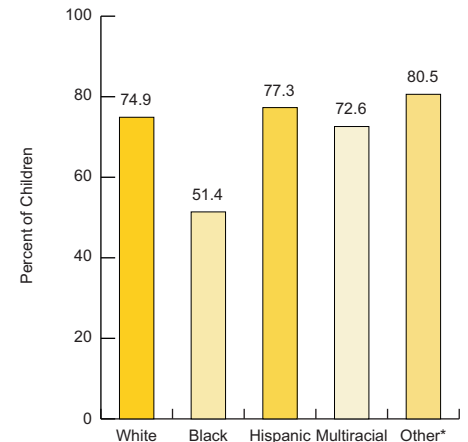
Overall, 72.3 percent of children aged 0-5 were ever breastfed. This proportion varies by race and ethnicity: 77.3 percent of Hispanic children, 74.9 percent of White children, and 72.6 percent of multi-racial children were ever breastfed, compared to 51.4 percent of Black children. The highest rate of breastfeeding was found among children of other races, of whom 80.5 percent were ever breastfed.

Of children between the ages of 6 months and 5 years, 41.4 percent were breastfed for at least 6 months (or are still breastfeeding). Again, this proportion varies by race and ethnicity. Of White children, 44.1 percent were breastfed for at least 6 months, compared to 42.8 percent of Hispanic children, 25.8 percent of Black children, and 46.7 percent of children of other races.

of Black children, 43.6 percent of multiracial children, and 46.7 percent of children of other races.

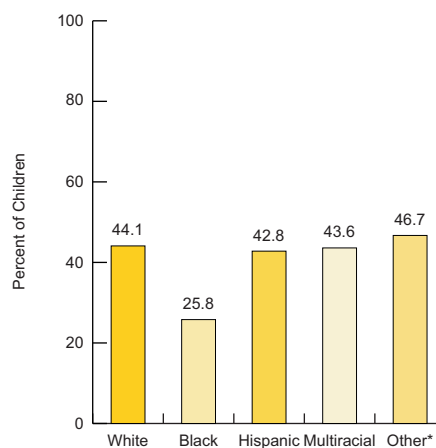
The likelihood of breastfeeding for 6 months also appears to rise with family income. Among children with family incomes below the poverty level, fewer than one-third (32.1 percent) are breastfed for 6 months or more, compared to 36.7 percent

Percent of Children Aged 0-5 Years Ever Breastfed, by Race and Ethnicity



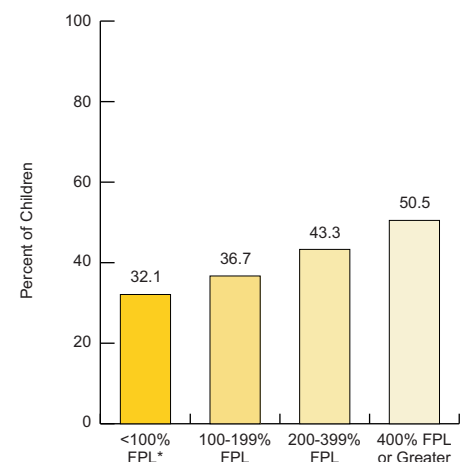
*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

Percent of Children Aged 6 Months-5 Years Breastfed 6 Months or More, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

Percent of Children Aged 6 Months-5 Years Breastfed 6 Months or More, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

of children with family incomes between 100 and 199 percent of FPL. Of children with family incomes between 200 and 399 percent of FPL, 43.3 percent are breastfed for at least 6 months, as are 50.5 percent of children with family incomes of 400 percent of FPL or more.



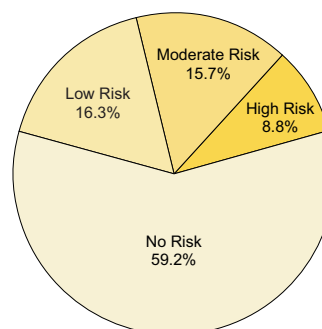
Risk of Developmental Delay

Parents of young children may have specific concerns about their children's development and whether they are achieving developmental milestones appropriately. Parents of young children (aged 1-5) were asked whether they were concerned a lot, a little, or not at all about their children's language skills, ability to get along with others, and ability to use their arms and legs. Children were considered to be at high risk of developmental delay if their parents reported concerns about any two items, as appropriate for their child's age; moderate risk if they had concerns about any one item; and low risk if they expressed general concerns about their child's development but no concerns in specific areas. Overall, 24.6 percent of children in this age group met the criteria for moderate or high risk of developmental delay.

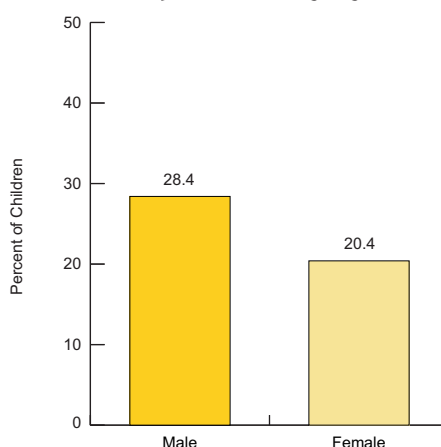
Boys appear to be slightly more likely to be at risk than girls. Of boys aged 1-5, 28.4 percent are reported to be at moderate or high risk of delays, compared to 20.4 percent of girls.

Parents of children with special health care needs (CSHCN) aged 1-5 are particularly likely to report concerns about their children's development. Of CSHCN in this age group, 43.7 percent are reported to be at moderate or high risk of developmental delay, compared to 21.8 percent of children without special health care needs.

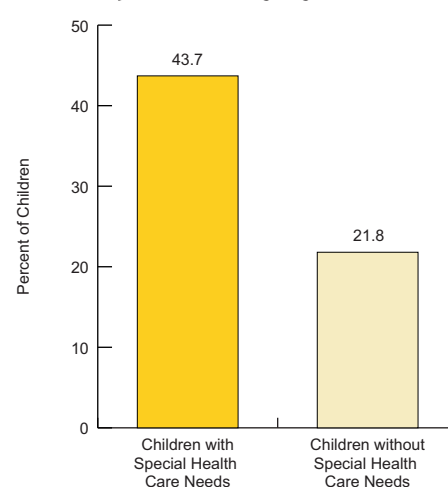
Risk of Developmental Delay Among Children Aged 1-5 Years



Percent of Children Aged 1-5 Years at Moderate or High Risk of Developmental Delay, by Sex



Percent of Children Aged 1-5 Years at Moderate or High Risk of Developmental Delay, by CSHCN Status





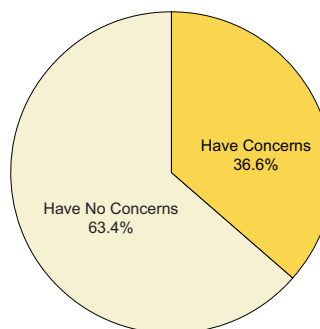
Parents' Concerns

Parents often have concerns about the learning, development, or behavior of their children, particularly preschool children. The survey asked parents of children aged 5 and under about specific concerns in the areas of speech, language comprehension, manual dexterity, motor skills, behavior, getting along with others, the ability to do things for themselves, and pre-school and school skills. Of children aged 5 and under, the parents of 36.6 percent reported that they had a concern about their children in at least one of these areas.

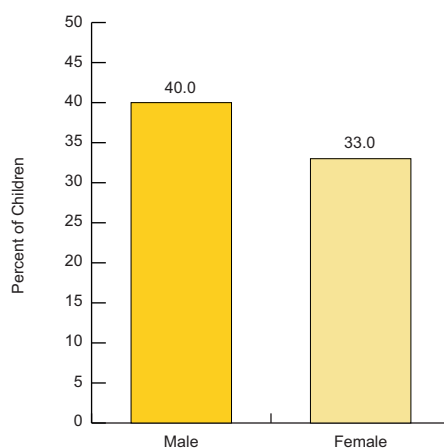
Parents of boys are more likely to report these concerns than are parents of girls. The parents of 40 percent of boys aged 0-5 reported at least one concern about learning, development, or behavior, compared to the parents of 33 percent of girls in this age group.

Low-income parents were more likely to report concerns than were parents with higher income levels. Of children in families with incomes below the poverty level, the parents of 43.6 percent reported having at least one concern about their child, compared to 38.9 percent of children with family incomes between 100 and 199 percent of poverty, 35.1 percent of children with family incomes between 200 and 399 percent of poverty and 31.7 percent of children in higher-income families.

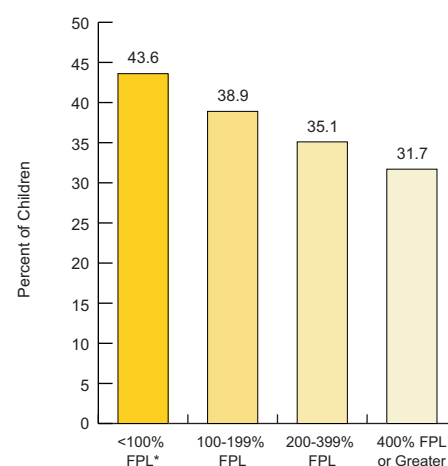
Percent of Children Aged 0-5 Years with Parent-Reported Concerns about Their Development



Percent of Children Aged 0-5 Years with Parent-Reported Concerns About Their Development, by Sex



Percent of Children Aged 0-5 Years with Parent-Reported Concerns About Their Development, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.





Socio-Emotional Difficulties

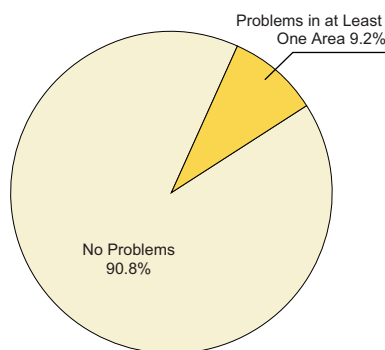
Parents may also have concerns about older children's emotions, behavior, concentration or ability to get along with others. Parents were asked whether they felt that their 3- to 17-year-old children had difficulties in any of these areas and to rate these difficulties as minor, moderate, or severe. Overall, the parents of 9.2 percent of children in this age group reported that their children had moderate or severe difficulties in at least one of these areas.

Again, parents of boys were more likely to report concerns about their children's emotional or behavioral health than were girls. Of boys aged 3-17, 11.3 percent were reported to have moderate or severe difficulties, compared to parents of 6.9 percent of girls in this age group.

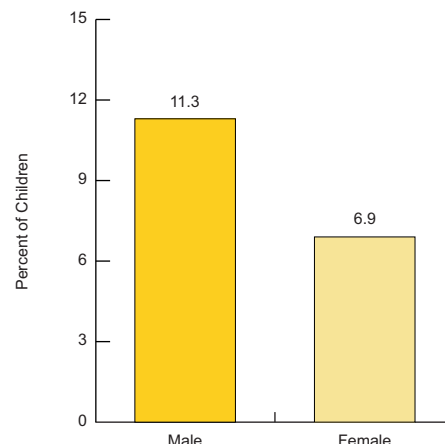
The prevalence of parents' concerns about these problems appears to increase with their children's age as well. While only 4.9 percent of 3- to 5-year-olds had parent-reported socio-emotional difficulties, 9.6 percent of 6- to 11-year-olds and 10.9 percent of 12- to 17-year-olds did so.

Children in poor families were twice as likely as those in higher-income families to be reported to have socio-emotional difficulties. Of children with family incomes below the poverty level, 14 percent were reported to have these problems, compared to 11.6 percent

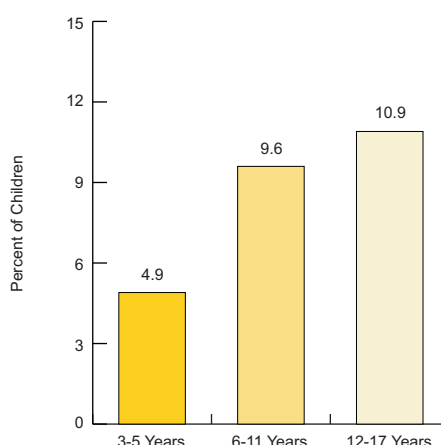
Percent of Children Aged 3-17 Years with Moderate or Severe Socio-Emotional Difficulties



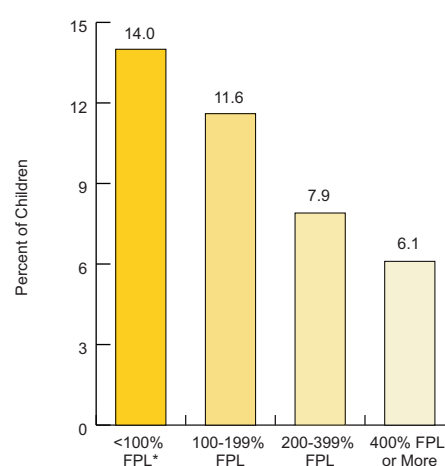
Percent of Children, Aged 3-17 Years, with Moderate or Severe Socio-Emotional Difficulties, by Sex



Percent of Children Aged 3-17 Years with Moderate or Severe Socio-Emotional Difficulties, by Age



Percent of Children Aged 3-17 Years with Moderate or Severe Socio-Emotional Difficulties, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

of children with family incomes between 100 and 199 percent of poverty. Of children with family incomes between 200 and 399 percent of FPL, 7.9 percent were reported to have socio-emotional problems, as were 6.1 percent of children with family incomes of 400 percent of FPL or more.

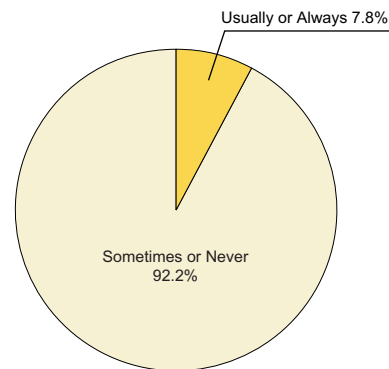


Problems with Social Behaviors

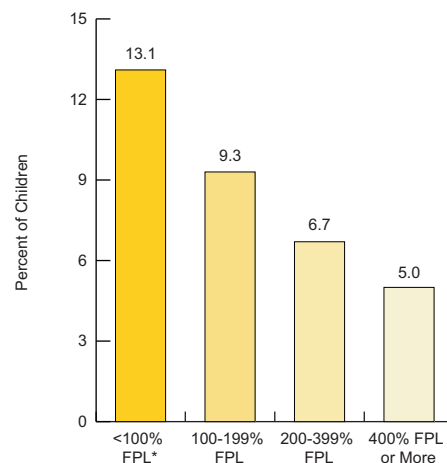
Some children have trouble getting along with others. Parents of 6- to 17-year-olds were asked if their children never, sometimes, usually, or always exhibited each of the following: arguing too much, bullying or being cruel or mean to others, being disobedient, or being stubborn, sullen, or irritable. While many children may occasionally misbehave, children were considered to have problems with social behaviors if their parents reported that their children “usually” or “always” displayed at least two of these behaviors. Overall, 7.8 percent of children aged 6-17 met this standard.

While the prevalence of these problems does not differ substantially by sex, it does decrease with income. Of children aged 6-17 with family incomes below the poverty level, 13.1 percent have social behavior problems, compared to 9.3 percent of children with family incomes between 100 and 199 percent of poverty in this age group. Of children with family incomes between 200 and 399 percent of FPL, 6.7 percent have social behavior problems, as do 5.0 percent of children with family incomes of 400 percent of FPL or more.

Percent of Children Aged 6-17 Years with Problems with Social Behaviors



Percent of Children Aged 6-17 Years with Problems with Social Behaviors, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.





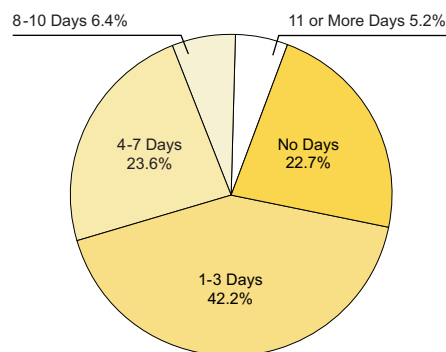
Missed School Days

Parents of school-aged children (ages 6-17) were asked how many days of school their children had missed because of illness or injury during the past year. Overall, parents of 5.2 percent of children were reported to have missed 11 or more days of school.

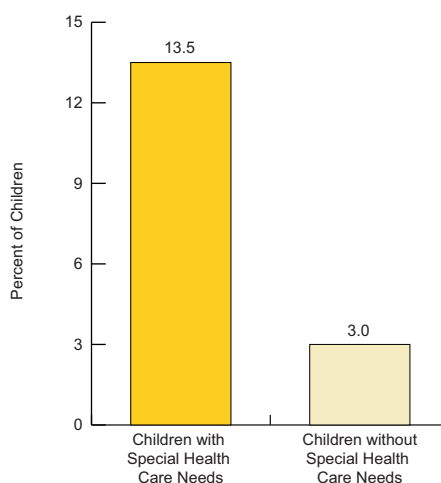
Children with special health care needs (CSHCN), whose conditions may cause complications that require them to miss school, are more likely to miss large numbers of school days than are typical children without special health care needs. Of school-aged CSHCN, 13.5 percent missed 11 or more days of school, compared to 3.0 percent of children without special health care needs in this age group.

Lower-income children miss more days of school than children from higher-income families. Of school-aged children with family incomes below the poverty level, 8.0 percent missed 11 or more days, compared to 3.6 percent of children with family incomes of 400 percent of FPL or more.

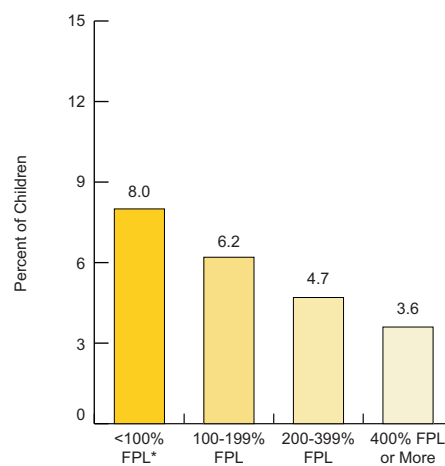
Number of School Days Missed in the Past Year, by Children Aged 6-17 Years



Percent of Children Aged 6-17 Years Missing 11 or More Days of School in the Past Year, by CSHCN Status



Percent of Children Aged 6-17 Years Missing 11 or More Days of School in the Past Year, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.





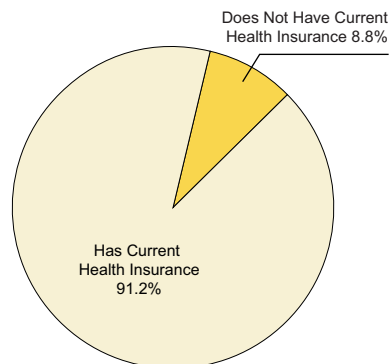
Current Health Insurance

The survey asked parents if their child currently had any kind of health insurance, including HMOs or government plans such as Medicaid. Overall, 91.2 percent of children have health insurance coverage. This proportion varies substantially across racial and ethnic groups and income categories.

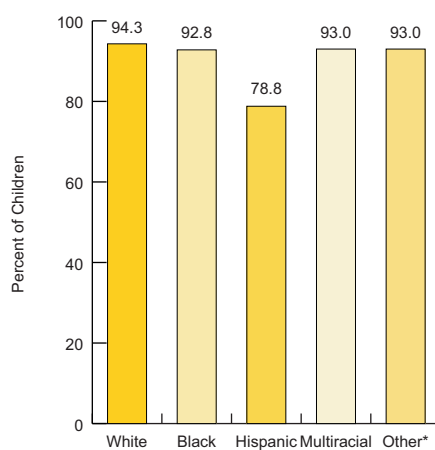
White children are the most likely to be insured (94.3 percent) and Hispanic children the least (78.8 percent). Approximately 93 percent of Black, multiracial, and children of other races had insurance at the time of the interview.

Children in poor and near-poor families are more likely than children in higher-income families to lack health insurance. While 85.2 percent of children with family incomes below the Federal poverty level have health insurance, 87.1 percent of children with family incomes between 100 and 199 percent of poverty have insurance. Over 90 percent of children in higher-income families are currently insured: 94.2 percent of children with family incomes between 200 and 399 percent of FPL and 97.2 percent of children with family incomes of 400 percent of FPL or more.

Percent of Children with Current Health Insurance Coverage

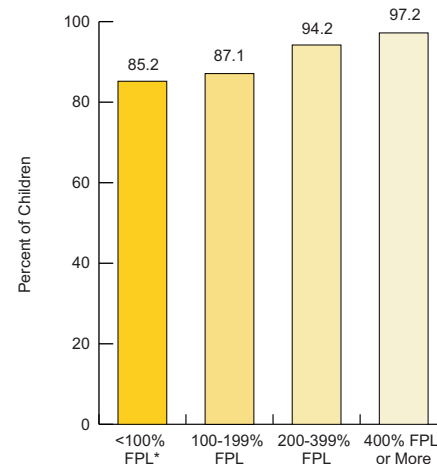


Percent of Children with Current Health Insurance, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

Percent of Children with Current Health Insurance, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.





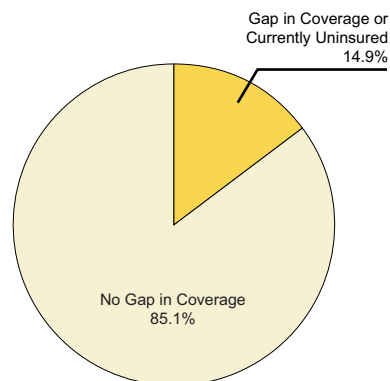
Coverage Consistency

Although most children have health insurance, many experience a time when they are not covered over the course of a year. Overall, 14.9 percent of children had a gap in their coverage in the past year or are currently uninsured.

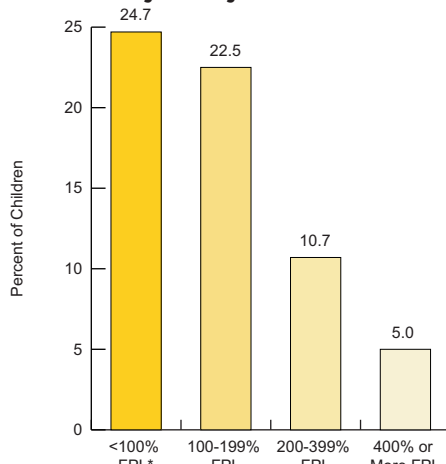
Poor and low-income children are considerably more likely than children in higher-income families to experience inconsistent insurance coverage. Nearly one-quarter (24.7 percent) of children in families whose income is below the poverty level lacked coverage at some point in the year, as did 22.5 percent of children in families with incomes between 100 and 199 percent of poverty. Among children in families with incomes between 200 and 399 percent of FPL, 10.7 percent experienced a gap in coverage, as did only 5 percent of children with family incomes of 400 percent of FPL or more.

Children with special health care needs (CSHCN) had more consistent health coverage than typical children. Of CSHCN, 12.6 percent experienced a gap in coverage, compared to 15.4 percent of children without special health care needs.

Percent of Children Lacking Consistent Insurance Coverage in the Past Year

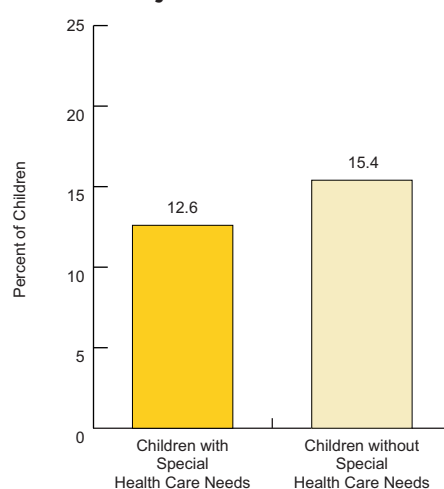


Percent of Children Lacking Consistent Insurance Coverage in the Past Year, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

Percent of Children Lacking Consistent Insurance Coverage in the Past Year, by CSHCN Status





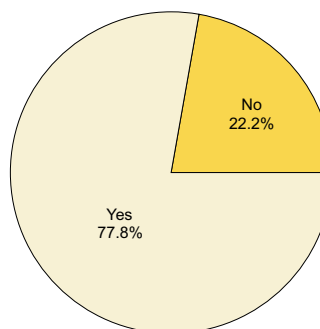
Preventive Health Care Visits

The *Bright Futures* guidelines for health supervision of infants, children, and adolescents recommend that children visit a physician six times during the first year, three times in the second year, and annually thereafter for preventive health care visits.³ An annual preventive health care visit provides an opportunity to monitor a child's growth and development, to assess his or her behavior, to provide appropriate immunizations, to discuss important issues regarding prevention of injury and violence, and nutrition, and to answer parents' questions about their children's health and care. Overall, 77.8 percent of children received a preventive care visit in the past year.

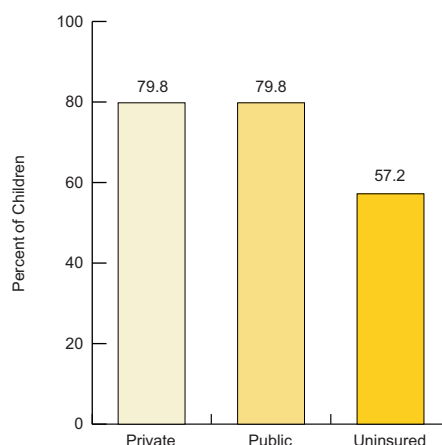
Children without health insurance are less likely to receive a preventive visit than those with either public or private health insurance. While 79.8 percent of children with health insurance (from any source) received a preventive visit, only 57.2 percent of uninsured children did so.

The use of preventive health care appears to vary somewhat by race and ethnicity as well. While 80.5 percent of Black children, 79.6 percent of multiracial children, and 79.2 percent of White children received a preventive visit in the past year, the rates were lower for children of other races (74.7 percent) and Hispanic children (71.4 percent).

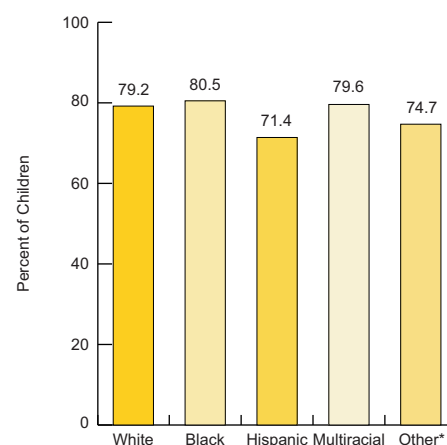
Percent of Children with a Preventive Health Care Visit in the Past Year



Percent of Children with a Preventive Health Care Visit in the Past Year, by Insurance Status



Percent of Children with a Preventive Health Care Visit in the Past Year, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.





Preventive Medical and Dental Visits

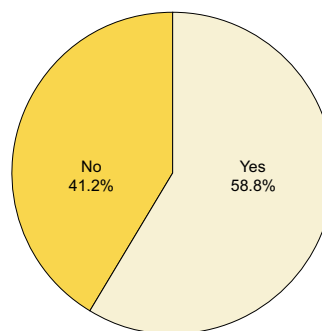
In addition to an annual preventive medical care visit, it is also recommended that children see a dentist every 6 months beginning by age 1.⁴

The majority of children (58.8 percent) received at least one preventive medical visit and one dental visit in the past year. However, low-income children and those without insurance are considerably less likely to receive preventive care.

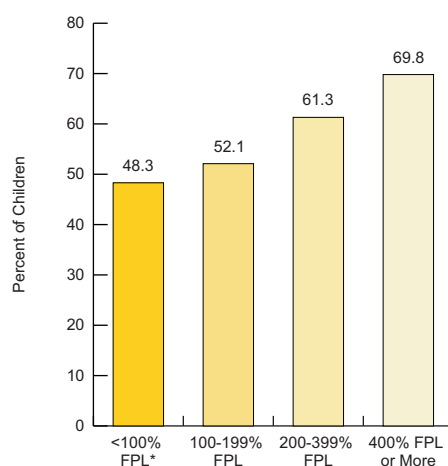
Of children with family incomes below the poverty level, 48.3 percent received at least one preventive medical and one preventive dental visit, as did 52.1 percent of children with family incomes between 100 and 199 percent of poverty. Of children with family incomes between 200 and 399 percent of FPL, 61.3 percent had a preventive medical and dental visit, as did over two-thirds (69.8 percent) of children with family incomes of 400 percent of FPL or more.

Children with insurance are also considerably more likely to receive preventive care than uninsured children. Of privately-insured children, 63.4 percent had preventive medical and dental visits, compared to 55.8 percent of publicly insured children and 35.3 percent of children without insurance.

Percent of Children with a Preventive Medical and Dental Visit in the Past Year

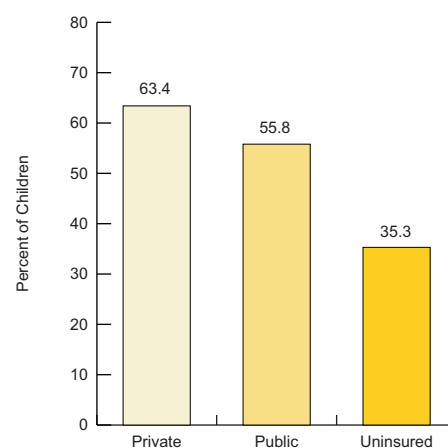


Percent of Children with a Preventive Medical and Dental Visit in the Past Year, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

Percent of Children with a Preventive Medical and Dental Visit in the Past Year, by Insurance Status





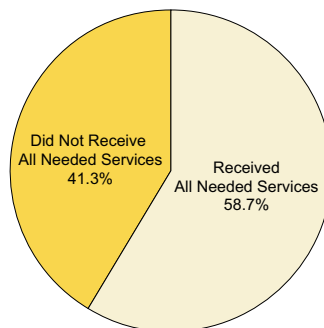
Mental Health Care

Mental health services, including counseling, medications, or specialized therapies, may be beneficial for children with behavioral or emotional problems. However, these services may not be readily available to all children who need them.

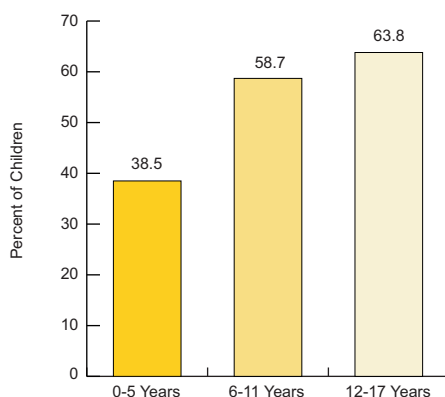
Overall, 58.7 percent of children who have an ongoing emotional, developmental, or behavioral problem that requires treatment or counseling received mental health care or counseling in the past year. Older children are more likely to receive mental health care; 63.8 percent of children ages 12-17 with emotional, developmental, or behavioral problems received mental health care, compared to 58.7 percent of 6- to 11-year-olds and 38.5 percent of children age 5 and under with emotional, developmental, or behavioral problems that require treatment or counseling.

Children with health insurance, public or private, are also more likely to receive the mental health services they need. Of children with emotional, developmental, or behavioral problems who have private insurance, 63.2 percent receive needed mental health services, as do 58.6 percent of publicly-insured children. Of children with emotional, developmental, or behavioral problems without health insurance who needed mental health care, only 33.8 percent received any mental health care or counseling during the past year.

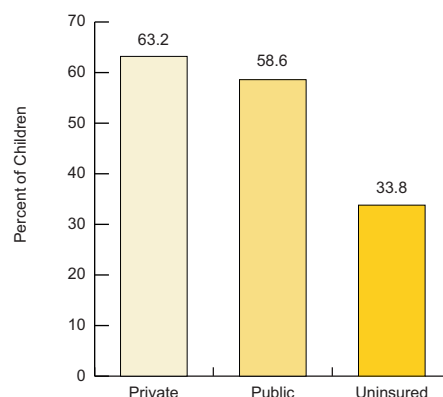
Percent of Children with Emotional, Developmental, or Behavioral Problems That Require Treatment or Counseling Who Received Needed Mental Health Services in the Past Year



Percent of Children with Emotional, Developmental, or Behavioral Problems That Require Treatment or Counseling Who Received Needed Mental Health Services, by Age



Percent of Children with Emotional, Developmental, or Behavioral Problems That Require Treatment or Counseling Who Received Needed Mental Health Services, by Insurance Status





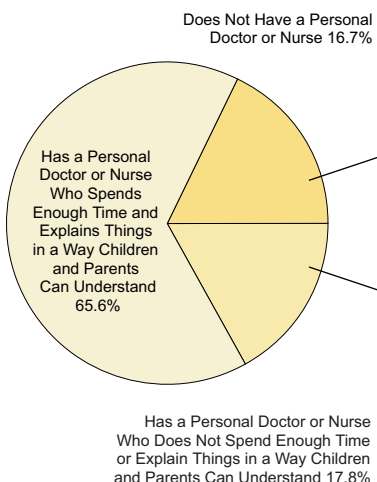
Communication with Child's Personal Doctor or Nurse

For health care to be accessible to children and their families, providers should spend enough time with families, communicate with parents in a language and at a level that they can understand, provide the services of an interpreter when necessary, and explain things clearly. Parents whose children have a personal doctor or nurse were asked whether this doctor or nurse always, usually, sometimes, or never fit this description. Overall, parents of 65.6 percent of children report that their children's personal doctor or nurse usually or always met this standard of communication and cultural sensitivity; 17.8 percent of children have a personal doctor or nurse whose care does not meet this standard, and 16.7 percent do not have a personal doctor or nurse.

These proportions vary by the race and ethnicity of the child. Among White children, 76.1 percent have a personal doctor or nurse who usually or always communicates in a way they could understand and spent enough time with them, as do 70.2 percent of multiracial children. However, these proportions were much lower among Black children (51.0 percent), Hispanic children (42.8 percent), and children of other races (57.5 percent). Hispanic and Black children were particularly likely to lack a personal doctor or nurse (32.4 percent and 22.9 percent, respectively; data not shown).

A family's primary language clearly

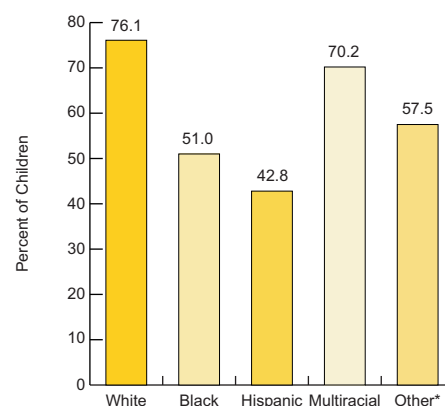
Communication with Child's Personal Doctor or Nurse



influences their ability to communicate with providers. While parents of 70.1 percent of children who speak English at home report that they have a doctor or nurse who communicates effectively and is sensitive to their culture, only 34.3 percent of children whose primary language is not English have primary providers who meet these criteria for communication and sensitivity. Moreover, children whose families do not speak English at home are more likely than English speakers to lack a personal doctor or nurse: 37.9 percent do not have such a provider, compared to 13.6 percent of English speakers (data not shown).

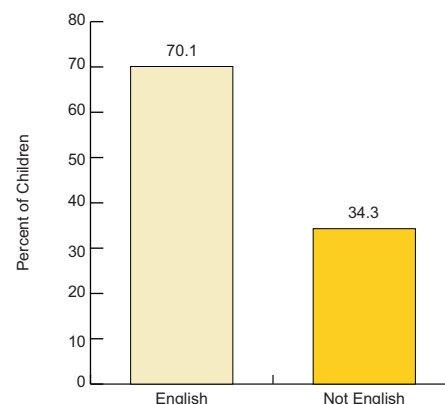
The reported communication skills and cultural sensitivity of providers appears to vary by a child's insurance status as well. Of children with private insurance, 74.7 percent have a doctor or nurse who usually or always met the standard of communication and sensitivity described above, compared to 54.4 percent of children with public insurance and 36.0 percent of uninsured children.

Percent of Children with a Personal Doctor or Nurse Who Communicates Effectively, by Race and Ethnicity

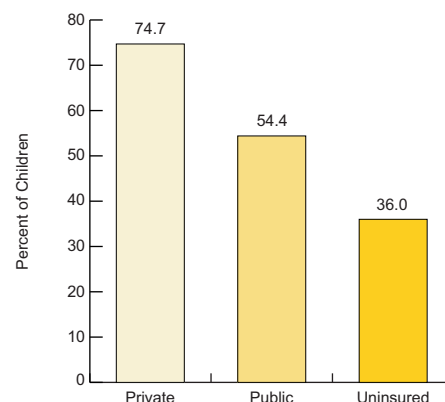


*Includes Asian/Pacific Islander and American Indian/

Percent of Children with a Personal Doctor or Nurse Who Communicates Effectively, by Primary Language



Percent of Children with a Personal Doctor or Nurse Who Communicates Effectively, by Insurance Status





Medical Home

A number of the characteristics of high-quality health care for children can be combined into the concept of the medical home. As defined by the American Academy of Pediatrics, children's medical care should be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.⁵ The survey included several questions that sought to measure whether a child's health care met this standard:

- Whether the child has at least one personal doctor or nurse who knows him or her well;
- Whether this personal doctor or nurse usually or always spends enough time with the family, explains things so the parent can understand, and provides interpreter services when needed;
- Whether this personal doctor or nurse usually or always provides telephone advice or urgent care when the child needs it;
- Whether the child has little or no problem gaining access to specialty care, services, and/or equipment when it is needed;
- Whether the personal doctor or nurse followed up by talking with the family about the child's specialist visit and/or use of special services or equipment; and
- Whether the child had a preventive visit in the past year.

A child was defined as having a medical home if he or she had at least

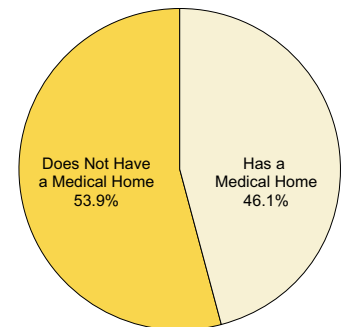
one preventive visit in the past year, had little or no problem with access to specialty care, and reported having a personal doctor or nurse who usually or always spent enough time and communicated clearly with families, provided telephone advice or urgent care when needed, and followed up with the family after the child's specialty care visits.

Overall, the care of 46.1 percent of children met this standard. This varies substantially with the source of children's health insurance: while more than half (52.6 percent) of children with private insurance were reported to have a medical home, only 38.9 percent of children with public insurance and 23.1 percent of uninsured children had care that met this standard.

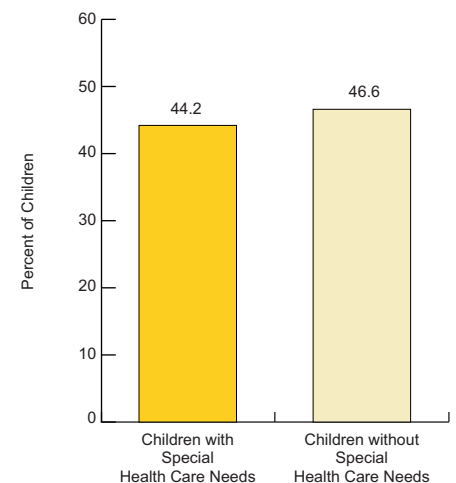
A medical home is particularly important for children with special health care needs (CSHCN), who are likely to require specialized care and services, follow-up, and care coordination. Of parents of CSHCN, 44.2 percent reported that their children had a medical home, compared to 46.6 percent of children without special health care needs.

Children's access to medical homes also appears to vary by their race and ethnicity. Of White children, the parents of 52.8 percent report that their care met the criteria for a medical home, compared to 46.0 percent of multiracial children, 39.4 percent of Black children, 30.3 percent of Hispanic children, and 41.5 percent of children of other races.

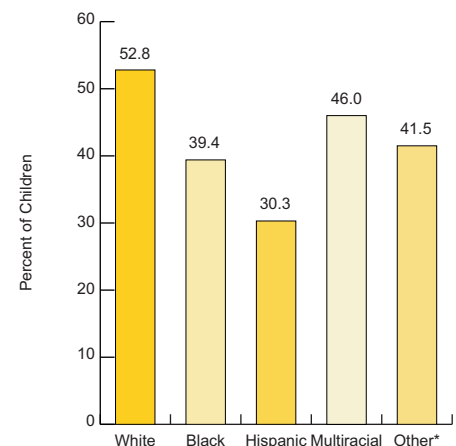
Presence of a Medical Home



Percent of Children with a Medical Home, by CSHCN Status



Percent of Children with a Medical Home, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.



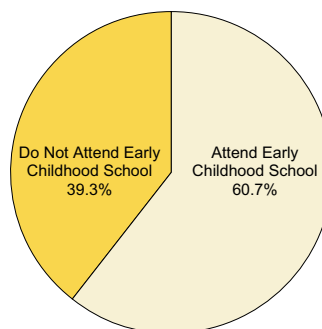
Early Childhood School

Some young children go to preschool, nursery school, Head Start or Early Start programs, or kindergarten before they start school. Parents of children aged 3 to 5 were asked if their children regularly attended any of these programs. Overall, 60.7 percent of young children attended one of these forms of early childhood school in the month prior to the survey.

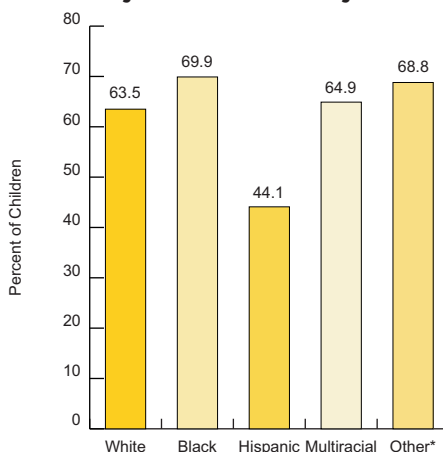
Enrollment in early childhood programs varies by children's race and ethnicity. Of Black children aged 3 to 5, 69.9 percent attended early childhood school, as did 64.9 percent of multiracial children, 63.5 percent of White children, and 68.8 percent of children of other races in this age group. Hispanic children aged 3 to 5 were the least likely to attend early childhood programs, with only 44.1 percent doing so regularly.

Attendance at early childhood programs also varies by family income. Only half of children aged 3-5 in families with incomes below 200 percent of poverty (50.1 percent of children with family incomes below 100 percent of poverty and 50.6 percent of children with family incomes between 100 and 199 percent of poverty) receive formal early childhood education. Of children with family incomes between 200 and 399 percent of FPL, 63.8 percent attend early childhood school, as do 76.1 percent of children with family incomes of 400 percent of FPL or more.

**Attendance at Early Childhood School
Among Children Aged 3-5 Years**

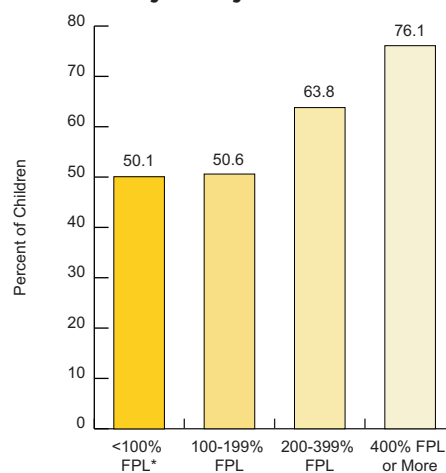


**Percent of Children Aged 3-5 Years
Attending Early Childhood School,
by Race and Ethnicity**



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

**Percent of Children Aged 3-5 Years
Attending Early Childhood School,
by Family Income**



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.





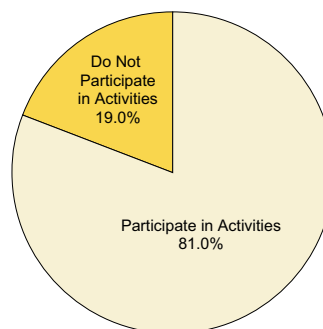
Activities Outside of School

For school-aged children, participation in activities outside of school—such as sports teams, lessons, Scouts, religious groups, or Boys' or Girls' Clubs—after school or on the weekends can be an important part of their overall development and can provide enrichment and contribute to their social skills. Parents of children aged 6 to 17 were asked if their children had participated in any of these activities in the past year. Overall, 81 percent of school-aged children participate in activities outside of school.

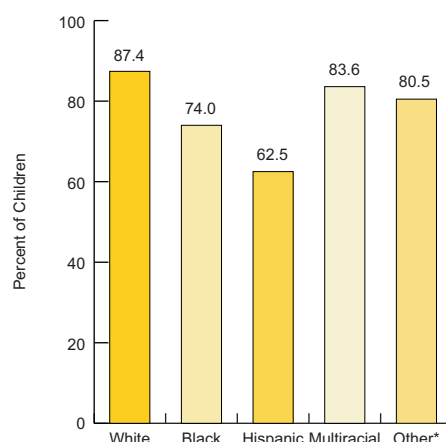
Participation in activities outside of school varies by race and ethnicity as well. White children aged 6-17 are the most likely to participate in these activities (87.4 percent), followed by multiracial children (83.6 percent), Black children (74.0 percent), and children of other races (80.5 percent). Of Hispanic children, only 62.5 percent participated in outside activities.

Participation in outside activities also rises with family income. While 60.7 percent of school-aged children with family incomes below the poverty level participate in activities outside of school, 73.7 percent of children with family incomes between 100 and 199 percent of poverty did so. Of children aged 6-17 with family incomes between 200 and 399 percent of FPL, 87.3 percent participate in outside activities, as do 94.0 percent of children with family incomes of 400 percent of FPL or more.

Participation in Activities Outside of School, Among Children Aged 6-17 Years

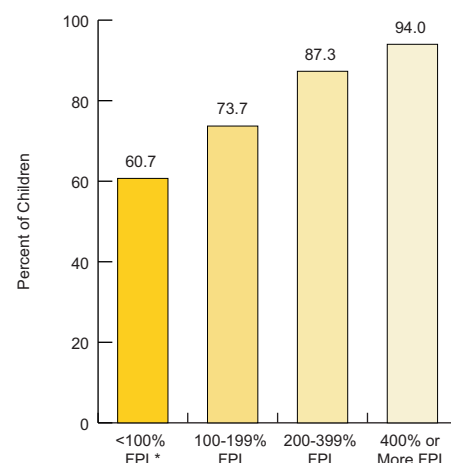


Percent of Children Aged 6-17 Years, Participating in Activities Outside of School, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

Percent of Children Aged 6-17 Years, Participating in Activities Outside of School, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.





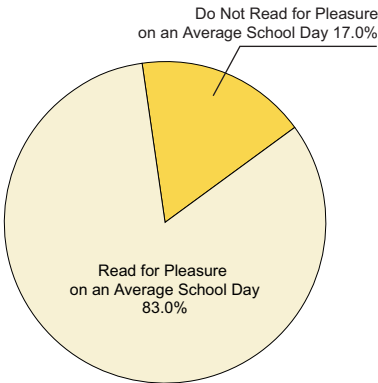
Reading for Pleasure

Parents of school-aged children (aged 6-17) were asked how much time their child spent reading for pleasure on an average school day, including being read to by someone else. Overall, 83 percent of children in this age group read for pleasure for some amount of time, and those who do read are reported to spend an average of 54 minutes reading.

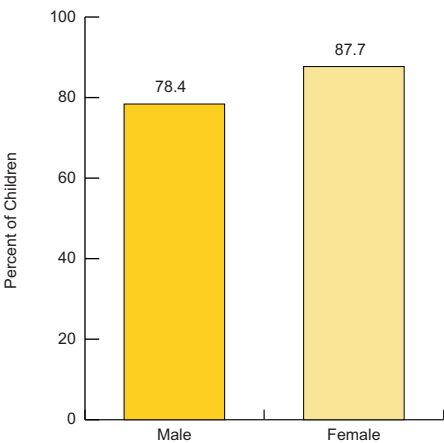
Girls are more likely to read for pleasure than boys. Of girls aged 6-17, 87.7 percent are reported to read for pleasure on an average school day, compared to 78.4 percent of boys in this age group.

Younger children are more apt to read for pleasure than older children. Of children aged 6-11, 89.6 percent read every day, compared to 76.7 percent of adolescents aged 12-17.

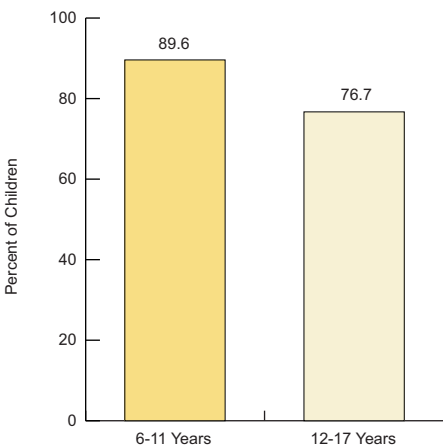
Reading for Pleasure Among Children Aged 6-17 Years



Percent of Children Aged 6-17 Years Who Read for Pleasure, by Sex



Percent of Children Aged 6-17 Years Who Read for Pleasure, by Age





Repeating a Grade

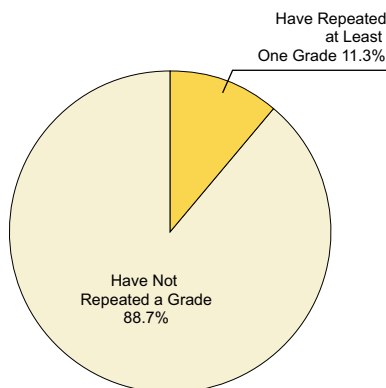
Parents of school-aged children (aged 6 and older) were asked if their children had repeated one or more grades since starting school. Overall, 11.3 percent of children aged 6-17 had repeated a grade.

Boys are more likely to repeat a grade than girls. Of school-aged boys, 13.4 percent were reported to have repeated at least one grade, compared to 9.1 percent of girls. (Data not shown.)

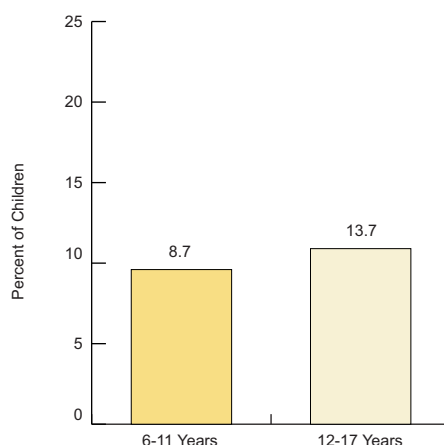
The likelihood of repeating a grade also increases with age. Of children aged 6-11, 8.7 percent were reported to have repeated a grade, compared to 13.7 percent of 12- to 17-year-olds.

Low-income children are also more likely to repeat a grade. Of school-aged children with family incomes below the poverty level, 22.2 percent were reported to have repeated at least one grade, compared to 14.9 percent children with family incomes between 100 and 199 percent of poverty. Of children with family incomes between 200 and 399 percent of FPL, 8.1 percent have repeated a grade, as have 5.3 percent of children with family incomes of 400 percent of FPL or more.

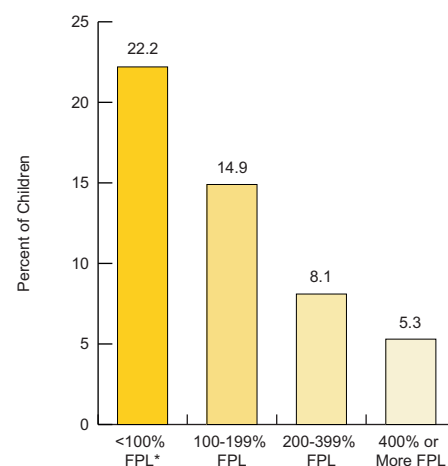
**Children Aged 6-17 Years
Who Have Repeated a Grade**



**Percent of Children Aged 6-17 Years
Who Have Repeated a Grade,
by Age**



**Percent of Children Aged 6-17 Years
Who Have Repeated a Grade,
by Family Income**



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.





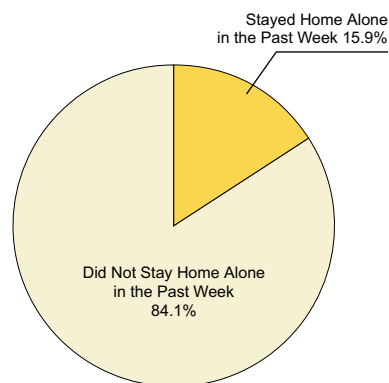
Staying Home Alone

Parents of 6- to 11-year-olds were asked if their children had spent any time caring for themselves, without the supervision of an adult or older child, for even a small amount of time in the past week. Overall, 15.9 percent of children in this age group had been home alone for some amount of time.

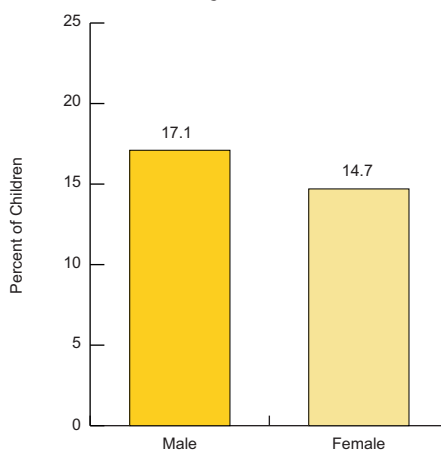
Boys are somewhat more likely to spend time home alone than girls. Of 6- to 11-year-old boys, 17.1 percent were reported to have been home alone for some amount of time, compared to 14.7 percent of girls in this age group.

Spending time home alone also appears to vary by race and ethnicity. Hispanic children aged 6-11 were the least likely to spend time home alone (10.1 percent), followed by Black children (16.7 percent) and White children (16.9 percent). Of multiracial children, 18.9 percent were reported to have spent time alone, as were 21.2 percent of children of other races.

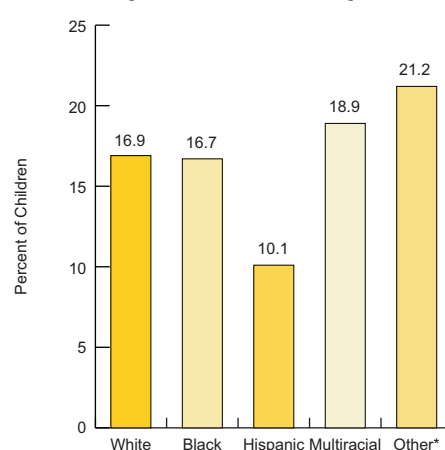
Children Aged 6-11 Years Staying Home Alone



Percent of Children Aged 6-11 Years Staying Home Alone, by Sex



Percent of Children Aged 6-11 Years Staying Home Alone, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.





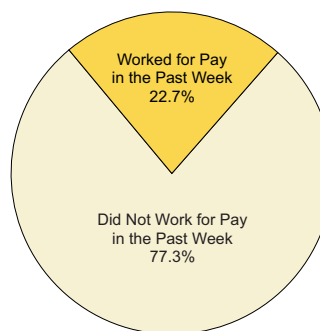
Working for Pay

Parents of children aged 12 and older were asked how many hours their children had spent in the past week working outside the home for pay. Overall, 22.7 percent of children aged 12-17 had worked for pay; the parents of those who did work outside the home reported that their children worked an average of 11.2 hours.

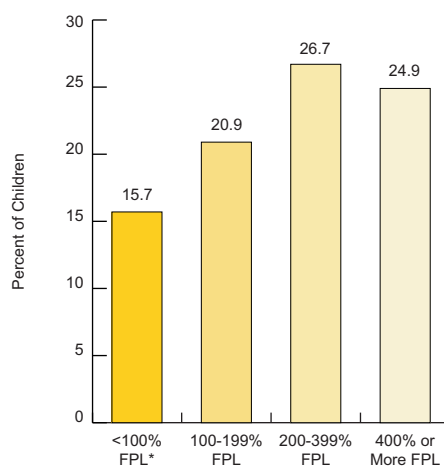
Children in lower-income families are less likely to work for pay than children in higher-income families. Of 12- to 17-year-old children with family incomes below the poverty level, 15.7 percent worked for pay, compared to 20.9 percent of children with family incomes between 100 and 199 percent of poverty. Of children in higher-income families, approximately one quarter worked for pay: 26.7 percent of children aged 12-17 with family incomes between 200 and 399 percent of FPL and 24.9 percent of children with family incomes of 400 percent of FPL or more worked outside the home.

White children aged 12-17 were the most likely to work for pay: 27.2 percent did so, followed by 19.3 percent of multiracial children, 15.3 percent of Black children, 16.4 percent of children of other races, and 13.8 percent of Hispanic children in this age group.

Working Outside the Home for Pay Among Children Aged 12-17 Years

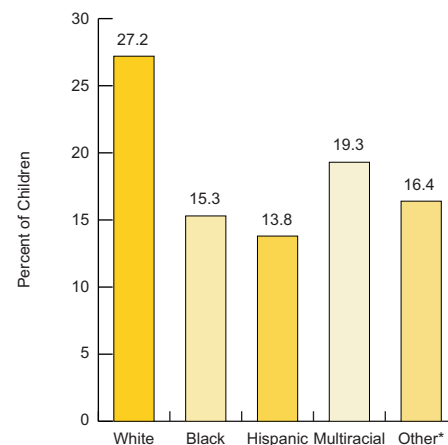


Percent of Children Aged 12-17 Years Working Outside the Home for Pay, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

Percent of Children Aged 12-17 Years Working Outside the Home for Pay, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.





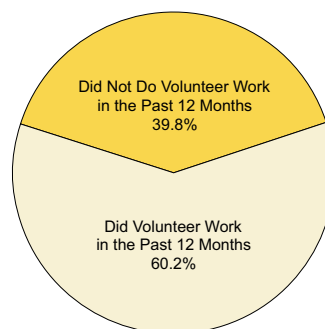
Volunteering

Parents of children aged 12-17 were also asked if their children had been involved in any community service or volunteer work at school, church, or in the community during the past year. Overall, 60.2 percent of children in this age group were reported to be involved in community service or volunteer activities.

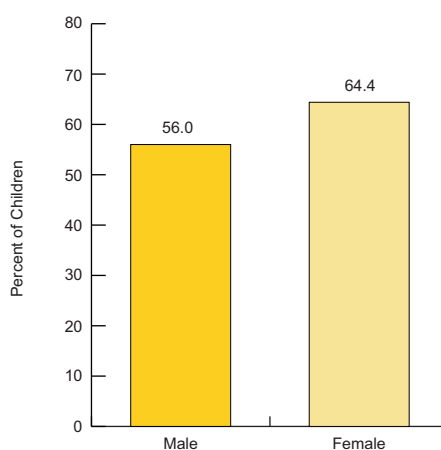
Girls appear to be more likely to volunteer than boys. Of girls aged 12-17, 64.4 percent had volunteered in the past year, compared to 56.0 percent of boys in this age group.

Children in higher-income families are more likely to be involved in community service than lower-income children. Of children aged 12-17 with family incomes below the poverty level, 43.3 percent volunteered in the past year, as did 53.3 percent of children with family incomes between 100 and 199 percent of poverty. Of children aged 12-17 with family incomes between 200 and 399 percent of FPL, 63.7 percent volunteer, as do 72.9 percent of children with family incomes of 400 percent of FPL or more.

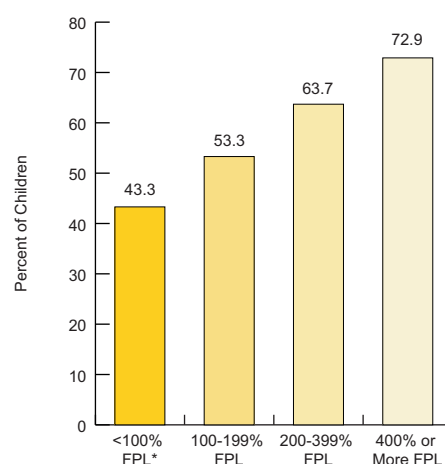
Volunteering Among Children Aged 12-17 Years



Percent of Children Aged 12-17 Years Volunteering, by Sex



Percent of Children Aged 12-17 Years Volunteering, by Family Income



*Federal Poverty Level, equal to \$18,400 for a family of four in 2003.

